



## **Supplemental Application Data Sheet**

### **Application Information**

Application number:: 10/006,992  
Filing Date:: 12/06/01  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
Title:: DIRECT WAVEFRONT-BASED CORNEAL  
ABLATION TREATMENT PROGRAM  
Attorney Docket Number:: 018158-018610US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 5  
Total Drawing Sheets:: 14  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: LAWRENCE  
Middle Name:: W.  
Family Name:: STARK  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 9 West Parnassus Court

City of Mailing Address:: Berkeley  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94708-2039

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JOHN  
Middle Name:: K.  
Family Name:: SHIMMICK  
City of Residence:: Belmont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1100 Lassen Drive  
City of Mailing Address:: Belmont  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94002

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	36,443	Mark D. Barrish

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional of	60/254,313	12/08/00

### **Assignee Information**

Assignee Name:: VISX, Inc.  
Street of mailing address:: 3400 Central Expressway  
City of mailing address:: Santa Clara  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95051